

BIBLIOGRAPHY

¹ American Indian and Alaska Native Population Projections 1991-2015. (Revised - Memorandum dated March 15, 2002, Indian Health Service (IHS) Service Area.)

² American Indian and Alaska Native Population Projections 1991-2015. (Revised - Memorandum dated March 15, 2002, Indian Health Service (IHS) Service Area.)

³ Source: US Census Bureau, Poverty 2000 Graphs, Census Bureau Website

⁴ Unpublished vital event data, 1996-98 (IHS Office of Public Health – Program Statistics). Vital event data will be published in Trends in Indian Health, 2000-01 edition. Vital event statistics are derived from data furnished annually to the IHS by the National Center for Health Statistics (NCHS).

⁵ Ibid.

⁶ Ibid.

⁷ Sanitation Deficiency System (SDS) Data Base, FY 2001 (Unpublished Data). This water/sewer/solid waste projects database is maintained by the IHS but includes input from the Tribes/Tribal Organizations. Comparisons are with data published by the Environmental Protection Agency and the Census Bureau.

⁸ IHS appropriations and collections for personal health care services are included but not non-personal health services (\$582 per capita in 2001) or medical services outside IHS facilities. Buying power discounts expenditures by annual inflation.

⁹ Level of Need Funded Cost Model, LNF Workgroup Report to the IHS, 1999 – IHS website. The 1999 study used actuarial methods to compare Indian health funding with costs of a mainstream health insurance plan, the Federal Employees Health Benefits Plan. Updated 2001 data show the expected cost of enrolling Indians, which have poor health and higher costs, in such a FEHBP plan would cost \$3,582 per person. Approximately 25% of the plan cost would be offset by Medicare, Medicaid, and private insurance leaving a \$2,687 net cost. Currently, IHS expends \$2 billion out of \$2.8 billion for personal medical services—approximately \$1,475 per capital. Note that \$1,475 includes limited amount of expenditures not counted in the source material for technical reasons related to a resource allocation formula.

¹⁰ Sources: IHS appropriations and collections for personal health care services are included but not expenditures for non-personal health care services (\$582 per capita in 2001) or unknown payments for medical services provided to Indians outside IHS facilities. The U.S. average per capita health care expenditures projections were based on the 1999 version of the National Health Expenditures (NHE) study released in March 2001 (see Centers for Medicare and Medicaid Services web page). Buying power estimates were obtained by discounting expenditures by cumulative rates for medical inflation published by the Bureau of Labor Statistics.

¹¹ Sources: Medicare Estimated Benefits Payments by State for Fiscal Year 2000 – CMS website; Veterans Health Administration report, Enrollment Cost Summary, September 2001 Data – VHA Website; National Health Expenditures (NHE) released in March 2001 – Centers for Medicare and Medicaid Services website; Level of Need Funded Cost Model, LNF Workgroup Report to the IHS, 1999 – IHS website; IHS personal health care expenditures are from unpublished report, IHS 10-Year Expenditure Trends Analysis.”

¹² The Presidents Management Agenda - Fiscal Year 2002. Government Printing Office, Washington, DC. Web address: <http://www.whitehouse.gov/omb/budget>

¹³ Source: Design for a New IHS, Final Recommendations of the Indian Health Design Team, Report Number II, January 1997

¹⁴The increase in cardiovascular disease is a consideration for future health disparities. The Indian death rates for cardiovascular disease are somewhat elevated compared to the rates for U.S. All Races. Indians died from diseases of the heart in 1994-96 at an age-adjusted rate 13 percent higher than that for the All Races population in 1995, i.e., 156 compared to 138.3.

¹⁵ Holding significance in many tribal cultures, this symbol, known as the "circle of life", "medicine wheel", and "hoop" has many variations. While the traditions vary from tribe to tribe, many share principles that life is like a circle, each part is connected to all other parts and all are part of a continuing whole. It can symbolize all people, animals, rocks, rivers and religions in an interconnected universe. The four directions can provide a symbolic road map for life using traditional Indian beliefs.

Other Sources:

Design For a New IHS, January 1997 Report II (Indian Health Service, Indian Health Design Team [IHDT]). A comprehensive list of recommendations for structural changes within the IHS prepared by a team of Tribal and Federal Leaders.

Five Year Strategic Plan - IHS, 2002 (Draft). A comprehensive plan prepared by Tribal, Urban, and Federal leaders that presents and defines a systematic approach for achieving the IHS mission, goals, and objectives.

Trends in Indian Health, 1998-99 ed. (Indian Health Service, U.S. Department of Health & Human Services). A presentation of tables and charts that describe the IHS program and the health status of American Indians and Alaska Natives. Includes summary information pertaining to the IHS structure, demography, patient health, community health etc.